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ABSTRACT

Beliefs about the effectiveness of rape prevention strategies influence public cooperation in their implementation. To acquaint public policy makers with these beliefs and to help them assess their impact, a three-city telephone survey of adults was conducted using a random sampling of ages, races, male and female, married and unmarried, from all income categories. Strategies for crime prevention fall into two categories: reducing the likelihood that someone will become an offender, and reducing the likelihood that one will become a victim. Survey respondents were asked to assess the effectiveness of each type. Black and older women rated Restrictive Preventive Measures as more helpful than Assertive ones, while the opposite pattern of endorsement held for the other three race-sex groups and for young and middle-aged women. The assertion that likelihood of victimization affects people's beliefs about rape prevention found mixed support, with Black women higher than all others in endorsing Restrictive strategies, while young women gave it the lowest endorsement. Policy acceptance, particularly restricting women's activities, will vary according to age, sex, race, and income. (LS)

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Public Opinion and Public Policy: The Case of Rape Prevention*

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Public Opinion and Public Policy:
The Case of Rape Prevention

Rape was once a private problem in our society - something to be dealt with by the family, the priest, or typically by the victim alone. Now rape has become a matter of public concern. Women's groups, police and hospital personnel, legislators and social service agencies have sought to identify and implement measures which will reduce the incidence of rape. However, a woman seeking advice on how to prevent her own victimization is confronted with a host of apparently unrelated and sometimes conflicting suggestions (e.g. "walk in lighted areas at night" vs. "don't go out at night"; "carry something to use as a weapon" vs. "don't fight back"). As yet, there has been little systematic evaluation of the effectiveness of rape prevention strategies. But beliefs about effectiveness may have a profound impact on the types of measures which are considered by policy makers and accepted by the general public. If people do not believe a policy is effective, they are not likely to cooperate in its implementation. This paper examines the ways people conceptualize rape prevention, and investigates the impact of the likelihood of victimization on beliefs about the effectiveness of preventive measures.

Strategies aimed at preventing crime may be viewed as falling into two categories: those aimed at reducing the likelihood that someone will become an offender (thus reducing the overall incidence of crime), and those measures aimed at reducing the likelihood that one will become a victim

(thus reducing victimization) (Kidder and Cohn, 1978). Most of the preventive strategies that have been advocated for rape focus on the victim, not the rapist, and as such are aimed at victimization-prevention, not crime-prevention. For example, women are advised not to hitchhike or talk to strange men. Avoiding such activities may reduce the likelihood that a particular woman may become a victim, however such tactics do not address the causes of rape and may simply displace victimization onto other women.

In addition, many anti-rape strategies ignore the cultural or systemic factors which support or even promote rape, such as the glorification in some advertising of violence against women. In the case of rape, this has meant that causes implicitly have been attributed to traits or behaviors of the rape victim (e.g. seductiveness), or to psychological disorders of the rapist; consequently preventive strategies involving changes in the social system have been overlooked or ignored (Albin, Note 1; see also Caplan and Nelson, 1973). In the present study, respondents assess the effectiveness of strategies which call for environmental changes as well as those requiring action on the part of potential victims.

Feild (1978) has examined the relationship between perceptions of rape and people's background characteristics, particularly sex, race and marital status. He found that men, in contrast to women, rated women as more responsible for preventing rape, and as more likely to precipitate rape through their appearance or behavior. Blacks, in comparison to whites, rated women as primarily responsible for rape prevention, but gave lower ratings than whites to a victim's appearance or behavior as precipitating

rape. Feldman-Summers and Lindner (1976) also found sex differences in attitudes toward victims and defendants in rape cases. In contrast to males, females recommended longer sentences for the defendant, perceived rape as having a greater impact on the victim, and saw the crime as more serious and the defendant as guiltier. Feldman-Summers and Lindner suggest that those differences were due to women's identification with the victim. Calhoun, Selby, and Warring (1976) also suggest that adopting the perspective of the victim is why women see a victim as less at fault for a rape than men do. Likelihood of victimization (e.g. being female), therefore, may affect beliefs about rape prevention.

Methods

The Sample. Rape prevention items were included in a telephone survey about crime which was administered in November, 1977 in three cities: San Francisco, Philadelphia, and Chicago.[1] The sample includes 1618 adults contacted through random-digit dialing and is weighted for the number of telephone lines per household contacted.

The Rape Prevention Scale. A list of 21 rape prevention items was developed from popular books, pamphlets and previous research on rape (Bay Area Women Against Rape, 1975; Feldman-Summers, Note 2; Horos, 1974; Medea & Thompson, 1974; Queen's Bench Foundation, Note 3). This list was pretested on a sample reached through randomly-generated telephone numbers in a Chicago neighborhood of mixed ethnic and social class composition, and on a random city-wide sample. We retained eleven items which a) reflected changes in the environment as well as in potential victims and rapists, and

b) received high variability in responses. Respondents indicated whether they believed each item "helped a great deal" (scored as 3), "helped somewhat" (scored as 2), or "helped not at all" (scored as 1) to prevent rape.

Likelihood of Victimization. Previous surveys indicate that rape rates are highest for women, the young, blacks and other minorities, and the poor (Hindelang, Gottfredson & Garofalo, 1978; Hindelang & Davis, 1977; U.S. Department of Justice, 1976). These data also show substantial differences in rape rates among major U.S. cities. Therefore, the following demographic variables are included as indicators of the risk of victimization: city, sex, age, race and income. The cities in our sample were Chicago, San Francisco, and Philadelphia; age was divided into three categories: below 30 years, 30-59 years, and sixty and older; race included black, white, Latin, and Asian categories; and income was divided into categories of under $10,000, $10,000 to $20,000, and over $20,000.

Results

Factor analysis of the eleven Rape Prevention items using an orthogonal varimax rotation yielded four factors which accounted for 50.3% of the variance. The first factor included items describing assertive actions by women (e.g. "Rape victims fighting back against their attackers") and environmental changes (e.g. "Increasing men's respect for women"); the second and third factors included items calling for restrictions in women's behavior (e.g. "Women refusing to talk to strangers" and "Women dressing more modestly"); and the fourth factor consisted of two items requiring

assertive behavior by women (e.g. "Women carrying weapons for protection"). Since these factors appeared to consist of two underlying dimensions, a solution with two factors was performed. Two items receiving loadings below .30 in this solution were excluded from subsequent analyses. A final two-factor solution is presented in Table 1. The first factor explained 23.5% and the second explained 13.2% of the variance in the nine items.

The first factor included items which refer to women restricting or limiting their actions in some way; for example, "Women not going out alone, especially at night" and "Women dressing more modestly." This factor also included the item "Stopping the push for women's rights and women's liberation." This factor was labelled Restrictive Prevention Measures, and persons scoring high on this were considered to advocate restrictions on women's behavior as helpful in preventing rape.

The second factor included items which require assertive actions taken by women, such as "Rape victims fighting back against their attackers," and changes in the social or cultural context, such as "Increasing men's respect for all women." This factor was labelled Assertive Prevention Measures, and individuals who score high on this factor were considered to believe that changes which do not necessarily limit women's freedom but require some positive action, would be helpful in preventing rape.

Additive indices were created from the items loading above .30 on each factor. Cronbach's alpha indicated a moderate degree of internal consistency of the indices (Restrictive Measures = .52 and Assertive Measures = .59). The correlation between the two indices was .279, suggesting a moderate degree of independence.

Restrictive Preventive Measures. Analyses of variance were conducted to investigate differences in beliefs about the effectiveness of Restrictive Prevention Measures among groups varying in the likelihood of victimization. Significant differences appear by city ($F(2,1339) = 21.60$, $p < .001$), race ($F(4,1295) = 11.91$, $p < .001$), sex ($F(1,1340) = 19.78$, $p < .001$), age ($F(2,1254) = 45.47$, $p < .001$), and income ($F(2,1040) = 10.76$, $p < .05$).[2] Examination of the means presented in Table 2 reveals that the highest endorsement of Restrictive Measures came from the following groups: those living in Chicago; females; Latinos and then blacks; older respondents; and those with the lowest incomes. The lowest effectiveness ratings came from those living in San Francisco; males; whites; younger respondents; and those with the highest incomes.

Assertive Measures. Analyses of variance revealed significant differences on ratings of Assertive Measures by sex ($F(2,1334) = 3.14$; $p < .05$), and race ($F(4,1294) = 3.42$; $p < .01$), but not by city, age, or income. Again, females' mean ratings on these measures are higher than males, and Latinos give the highest effectiveness rating among racial groups, followed by blacks (see Table 2).

Comparisons of the Two Types of Prevention Measures. Since race and sex differentiated among ratings on both types of preventive measures, these variables were used in a series of matched sample t-tests to examine preferences between the two types of strategies of various subgroups (see Table 3).

Black males rated Assertive Measures as significantly more effective than Restrictive ones ($t(158) = 2.03$, $p < .05$), as did white males ($t(381) = 6.71$, $p < .001$) and white females ($t(391) = 6.30$, $p < .001$).

In contrast, Black females rated Restrictive Measures as more effective than Assertive ones ($t(212) = 2.47$; $p = .014$). No significant differences between strategies appeared for Latinas, ($t(32) = .42$), Latinos ($t(32) = 1.05$), Asian females ($t(24) = .58$) or Asian males ($t(32) = .12$), but this may be due to the small sample sizes in these groups.

Our unweighted sample included 19 women who were victims of rape or attempted rape. A matched sample t-test of strategy preferences within this group yielded significant differences ($t(18) = 3.91$; $p = .001$). Rape victims endorsed Assertive measures as more effective than Restrictive strategies, although they gave lower ratings to Assertive measures than any other group of women. They also gave the lowest effectiveness ratings to Restrictive measures of all the subgroups.

The average age of the victims is quite low ($\bar{X} = 29.66$ years), and victimization surveys indicate that young women have a much greater risk of rape than older women (Hindelang and Davis, 1977). Therefore, we examined the ratings on the two types of strategies by age groups for females only. The results indicate that there are significant differences among age groups on Restrictive strategies ($F(2,646) = 26.89$; $p \leq .001$) but not on Assertive ones. Those most at risk, young women under 30, give higher ratings to Assertive strategies than Restrictive ones ($t(224) = 7.01$; $p < .001$), as do women between 30 and 60 years old ($t(303) = 5.93$; $p < .001$), while those 60 and older prefer Restrictive strategies ($t(118) = 2.11$; $p \leq .05$).

Discussion

The Rape Prevention indices appear to be useful for summarizing and organizing people's beliefs about preventing rape. The results here support

a multi-dimensional concept of rape prevention beliefs, in concordance with the multidimensionality of rape attitudes found by Feild (1978). The Restrictive and Assertive factors appear to reflect underlying attitudinal dimensions which operate relatively independently.

The results presented here support the assertion that various subgroups hold different beliefs about the effectiveness of rape prevention strategies. Black and older women rate Restrictive Preventive Measures as more helpful than Assertive ones, while the opposite pattern of endorsement holds for the other three race-sex groups and for young and middle-aged women.

These findings provide mixed support for the assertion that likelihood of victimization affects people's beliefs about rape prevention. The two subpopulations most at risk of our sample, black females and young women, differ in their pattern of endorsement of the two types of strategies. This difference is particularly evident on Restrictive strategies, which black women endorse higher than all other subgroups. Young women give one of the lowest endorsements among the subgroups to this type of preventive measure.

Those conducting research in this area should consider the impact of the age and race of subjects, as well as the multidimensionality of rape prevention beliefs. Another attitudinal factor, subjective estimate of the risk of rape, should also be considered (see Riger, Heath & Gordon, 1978). Women's estimates of their own risks may not correspond to the risk estimate derived from rape rates for a variety of reasons, and it may be the subjective, not the objective, risk rate that affects prevention beliefs.

Our results suggest that policies aimed at reducing rape are likely to receive differential acceptance from various target groups, particularly if those policies include measures which suggest restrictions in women's activities. Our data suggest there will be variations in acceptance of policies by different city, age, sex, race, and income groups.

Many policy-makers or others working to reduce the incidence of rape may find themselves confronted with a difficult dilemma. On the one hand, they may not want to advocate preventive measures such as not going out alone at night, which restrict women's freedom of movement. Those most experienced with rape, actual victims, see these strategies as least effective. On the other hand, some of the subgroups endorse restrictive strategies as more effective than assertive ones, and may be more willing to accept these types of measures. Public education about rape prevention may be needed once the actual effectiveness of various prevention strategies is determined.

Geis (1977) states that "the struggle to understand and deal with rape is just beginning" (p. 39). We suggest that those who are concerned with social policy in this area need to consider factors that affect beliefs about rape and rape prevention. Until such factors are understood, those concerned with anti-rape policies are faced with a double problem: first finding out which strategies are effective, and second, getting those strategies adopted by the public.

Table 1

Factor Analysis of Rape Prevention Items

	Factor 1	Factor 2
Women dressing more modestly, or in a less sexy way	.688	.085
Women refusing to talk to strangers	.425	.263
Women not going out alone, especially at night	.332	.028
Stopping the push for women's right and women's liberation	.324	.200
Rape victims fighting back against their attackers	.059	.405
Encouraging women to take self-defense classes, like judo or karate	.059	.378
Newspapers publicizing names and pictures of known rapists	.160	.368
Increasing men's respect for all women	.242	.354
Providing psychological treatment for rapists	.066	.335
Stronger home security measures, like better locks or alarms	Dropped from analysis	
Women carrying weapons for protection, like knives or guns	Dropped from analysis	

Table 2

Mean Scores on Types of Rape Prevention Strategies

By City, Sex, Race, Age and Income of Respondents

	City			Sex		Race				Age (females only)		
Prevention Measures	Phil.	Chi.	SF	F	M	Latino	Black	White	Asian	30	30-59	60+
Restrictive	2.13	2.21	1.99	2.17	2.05	2.30	2.21	2.03	2.19	1.97	2.11	2.37
Assertive	2.27	2.28	2.22	2.31	2.20	2.38	2.30	2.22	2.21	2.23	2.27	2.26

	Income		
	$10,000	10-20,000	60,000
Restrictive	2.17	2.07	1.97
Assertive	2.78	2.24	2.20

Table 3

Comparison of the Mean Helpfulness Ratings of the Two Types of Rape Prevention Strategies by Subgroups

Type of Prevention Measure	Race-Sex Groups							
	Black Females	Black Males	White Females	White Males	Latinas	Latinos	Asian Females	Asian Males
RESTRICTIVE	2.44	2.16	2.10	1.96	2.32	2.28	2.19	2.20
ASSERTIVE	2.34	2.25	2.28	2.17	2.36	2.40	2.26	2.19

	Rape Victims	Women > Age 30	Women Age 30-59	Women Age 60+
RESTRICTIVE	1.68	2.01	2.16	2.40
ASSERTIVE	2.24	2.26	2.35	2.29

Footnotes

1. Out telephone survey was designed and developed jointly with the Reactions to Crime project (funded by the Law Enforcement Assistance Administration) which is also being directed from the Center for Urban Affairs at Northwestern University.
2. Degrees of freedom vary slightly due to missing data.

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